



MAR 6 2000

The Administrator  
Washington, D.C. 20201

Ms. Sandra Shewry  
Executive Director  
**Managed Risk** Medical Insurance Board  
1000 G Street, Suite 450  
Sacramento, California 95814

Dear Ms. Shewry:

**We** are pleased to inform you that your State **Children's** Health Insurance Program (SCHIP) plan amendment submitted on December 9, 1999, **has** been approved.

Specifically, **this** State Plan Amendment allows a Family Contribution Sponsor to pay a specific child's Healthy Families Program (HFP) premiums for the first year of enrollment. A person or entity that **wants** to be a Family Contribution Sponsor **must register with the** Managed Risk Medical Insurance Board and cannot be: a person **that** is a health, dental or vision provider that participates in HFP, or a n **organization** composed primarily of or controlled by such persons; **an entity**, including governmental, school, non-profit and charitable organization, **that** is, or that operates **an** institution or facility **that** is a health, dental or vision provider that participates **in** HFP; a participating plan; or **any** person or **entity** acting on behalf of or representing a person identified in **this** listing. Applicants will be individually identified for sponsorship by the Family **Contribution** Sponsor on the application and the sponsor will pay **12 months** of premiums at the time of application in an **amount** consistent with premiums permitted **under the** approved SCHIP plan for the child(ren) involved.

**Your** project **officer** continues to be **Ms. Kathleen** Farrell. **Ms. Farrell** is available to answer any questions concerning implementation of **your** Title XXI Program and can be reached at (410) 786-1236. **Her** address is:

Health Care Financing Administration  
Center for Medicaid and State Operations  
Mail Stop S2-03-18  
7500 Security Boulevard  
Baltimore, Maryland 21244-1850

~~Official~~ communications regarding program matters should be sent simultaneously to the project officer and to Mr. Richard ~~Chambers~~, Deputy Administrator, in the San Francisco Regional Office. Mr. Chamber's address is:

~~Health~~ Care Financing Administration  
Region IX  
75 Hawthorne Street, 4th Floor  
San Francisco, California 94105-3903

We look forward to continuing working with you and your staff. This same letter has been simultaneously sent to Dr. Bonta, Director, Department of ~~Health~~ Services.

Sincerely,  
*/s/*

Nancy-Ann Min DeParle  
Administrator

cc:  
~~Deputy~~ Administrator, Region IX